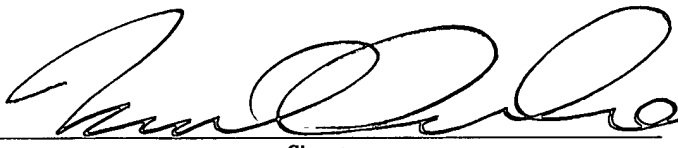
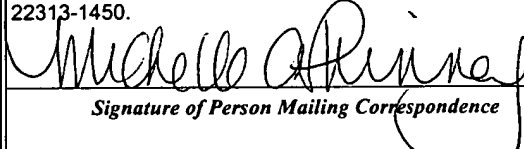


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|--|-------------------------------------|------------------------------------|---|---------|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | Docket No. 20518/10/25.1 (S-8450) | | |
| Applicant(s): Ferguson et al. | | | | | |
| Serial No. 09/892,593 | Filing Date June 27, 2001 | Examiner Catherine Serke | Group Art Unit 3763 | | |
| Invention: SAFETY SHIELD FOR MEDICAL NEEDLES | | | | | |
| TO THE COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 35 - | 93 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 6 - | 11 = | 0 x | \$84.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0369 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;"> Signature Dated: 5/19/03</div></div> <div style="margin-top: 10px;">Mark S. Leonardo, Esq. (Reg. No. 41,433) Attorney for Applicant(s) Brown Rudnick Berlack Israels LLP One Financial Center 18th Floor, Box IP Boston, MA 02111 Tel: 617-856-8145 / Fax 617-856-8201 Customer No. 21710</div> | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>CC:</div><div style="border: 1px solid black; padding: 5px; width: 80%;"><div style="text-align: right;">I certify that this document and fee is being deposited on May 19, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div style="text-align: center;"> Signature of Person Mailing Correspondence Michelle A. Phinney Typed or Printed Name of Person Mailing Correspondence</div></div></div> | | | | | |



#10/12
S-81-03
PATENT

Attorney Docket No. 20518/10 (S-8450/SHP025.1)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Ferguson et al.

EXAMINER: Catherine Serke

SERIAL NO.: 09/892,593

CONFIRMATION NO.: 4461

FILED: June 27, 2001

ART UNIT: 3763

FOR: SAFETY SHIELD FOR MEDICAL NEEDLES

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to, Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

May 19, 2003
Date

By: Michelle A. Phinney
Michelle A. Phinney

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Sir/Madam:

In response to the Office Action dated February 18, 2003, please consider the following amendments and the remarks set forth below.